Case 17-16711 Doc 1 Filed 05/31/17 Entered 05/31/17 13:06:02 Desc Main Document Page 1 of 54

Fill in this information to identify your case:		
United States Bankruptcy Court for the:		
NORTHERN DISTRICT OF ILLINOIS	_	
Case number (if known)	_ Chapter you are filing under:	
	Chapter 7	
	☐ Chapter 11	
	☐ Chapter 12	
	☐ Chapter 13	Check if this an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Pa	rt 1: Ider	ntify Yourself		
			About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1.	Your full	name		
	your gove picture id example,	name that is on ernment-issued entification (for your driver's r passport).	Syed First name Hyder Middle name	First name Middle name
		r picture tion to your with the trustee.	Moosvi Last name and Suffix (Sr., Jr., II, III)	Last name and Suffix (Sr., Jr., II, III)
2.		names you have he last 8 years		
	Include ye maiden n	our married or ames.		
3.	your Soc number of Individua	last 4 digits of cial Security or federal al Taxpayer ation number	xxx-xx-2863	

Case 17-16711 Doc 1 Filed 05/31/17 Entered 05/31/17 13:06:02 Desc Main Document Page 2 of 54

Debtor 1 Syed Hyder Moosvi

Case number (if known)

		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):			
4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years		■ I have not used any business name or EINs.	☐ I have not used any business name or EINs.			
	Include trade names and doing business as names	Business name(s)	Business name(s)			
		EINs	EINs			
5.	Where you live	7629 Manchester Manor	If Debtor 2 lives at a different address:			
		Hanover Park, IL 60133 Number, Street, City, State & ZIP Code	Number, Street, City, State & ZIP Code			
		Cook				
		County	County			
		If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.			
		Number, P.O. Box, Street, City, State & ZIP Code	Number, P.O. Box, Street, City, State & ZIP Code			
6.	Why you are choosing this district to file for	Check one:	Check one:			
	bankruptcy	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.	 Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. 			
		☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)	☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)			

Case 17-16711 Doc 1 Filed 05/31/17 Entered 05/31/17 13:06:02 Desc Main Document Page 3 of 54

Case number (if known) Debtor 1 Syed Hyder Moosvi

ar	Tell the Court About	Your Ba	ankruptcy Ca	se			
7.	The chapter of the Bankruptcy Code you are				of each, see <i>Notice Required</i> of page 1 and check the appropri	by 11 U.S.C. § 342(b) for Individuals Filing for iate box.	Bankruptcy
	choosing to file under	■ Chapter 7					
		☐ Ch	napter 11				
		☐ Ch	napter 12				
		☐ Ch	napter 13				
3.	How you will pay the fee		about how yo	u may pay. Typ attorney is subr	oically, if you are paying the fee	neck with the clerk's office in your local court for yourself, you may pay with cash, cashier's chehalf, your attorney may pay with a credit care	neck, or money
						otion, sign and attach the Application for Indiv	iduals to Pay
			ū		s (Official Form 103A). rived (You may request this op	tion only if you are filing for Chapter 7. By law	, a judge may,
			but is not requapplies to you	uired to, waive y ur family size ar	your fee, and may do so only if nd you are unable to pay the fe	your income is less than 150% of the official e in installments). If you choose this option, you flicial Form 103B) and file it with your petition	poverty line that ou must fill out
).	Have you filed for bankruptcy within the	■ No					
	last 8 years?	☐ Ye	S.				
			District				
			District		When		
			District		When	Case number	
10.	Are any bankruptcy cases pending or being	■ No	1				
	filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?	□ Ye	S.				
			Debtor			Relationship to you	
			District		When	Case number, if known	
			Debtor			Relationship to you	
			District		When	Case number, if known	
11.	Do you rent your	□ No	. Go to li	ine 12.			
	residence?	■ Ye	s. Has yo	ur landlord obta	ained an eviction judgment aga	inst you and do you want to stay in your resid	ence?
				No. Go to line	12.		
				Yes. Fill out In bankruptcy pet		on Judgment Against You (Form 101A) and file	e it with this

Case 17-16711 Doc 1 Filed 05/31/17 Entered 05/31/17 13:06:02 Desc Main

Document Page 4 of 54 Case number (if known) Debtor 1 Syed Hyder Moosvi Part 3: Report About Any Businesses You Own as a Sole Proprietor Are you a sole proprietor ■ No. of any full- or part-time Go to Part 4. business? Name and location of business ☐ Yes. A sole proprietorship is a business you operate as Name of business, if any an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. Number, Street, City, State & ZIP Code If you have more than one sole proprietorship, use a separate sheet and attach it to this petition. Check the appropriate box to describe your business: Health Care Business (as defined in 11 U.S.C. § 101(27A)) Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) Stockbroker (as defined in 11 U.S.C. § 101(53A)) Commodity Broker (as defined in 11 U.S.C. § 101(6)) None of the above 13. Are you filing under If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate Chapter 11 of the deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of Bankruptcy Code and are operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure you a small business in 11 U.S.C. 1116(1)(B). debtor? I am not filing under Chapter 11. No. For a definition of small business debtor, see 11 I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy □ No. U.S.C. § 101(51D). I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code. ☐ Yes. Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention 14. Do you own or have any ■ No. property that poses or is ☐ Yes. alleged to pose a threat of imminent and What is the hazard? identifiable hazard to public health or safety? Or do you own any If immediate attention is property that needs

Number, Street, City, State & Zip Code

needed, why is it needed?

Where is the property?

immediate attention?

For example, do you own perishable goods, or livestock that must be fed,

or a building that needs urgent repairs?

Case 17-16711 Doc 1 Filed 05/31/17 Entered 05/31/17 13:06:02 Desc Main Document Page 5 of 54

Debtor 1 Syed Hyder Moosvi

Explain Your Efforts to Receive a Briefing About Credit Counseling

Tell the court whether you have received a briefing about credit counseling.

Part 5:

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

 ☐ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

Case number (if known)

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit
counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Case 17-16711 Doc 1 Filed 05/31/17 Entered 05/31/17 13:06:02 Desc Main Document Page 6 of 54

Case number (if known) Debtor 1 Syed Hyder Moosvi Part 6: **Answer These Questions for Reporting Purposes** Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an 16. What kind of debts do 16a. individual primarily for a personal, family, or household purpose." you have? ☐ No. Go to line 16b. Yes. Go to line 17. 16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. ■ No. Go to line 16c. ☐ Yes. Go to line 17. 16c. State the type of debts you owe that are not consumer debts or business debts 17. Are you filing under I am not filing under Chapter 7. Go to line 18. ☐ No. Chapter 7? Do you estimate that I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses Yes. after any exempt are paid that funds will be available to distribute to unsecured creditors? property is excluded and administrative expenses ■ No are paid that funds will be available for ☐ Yes distribution to unsecured creditors? 18. How many Creditors do 1-49 **1**,000-5,000 **1** 25,001-50,000 you estimate that you **5001-10,000 5**0,001-100,000 **50-99** owe? **1**0,001-25,000 ☐ More than 100,000 □ 100-199 □ 200-999 How much do you **\$0 - \$50,000** □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion estimate your assets to □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion **□** \$50,001 - \$100,000 be worth? □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion □ \$100,001 - \$500,000 □ \$100,000,001 - \$500 million ☐ More than \$50 billion □ \$500,001 - \$1 million 20. How much do you □ \$1,000,001 - \$10 million **\$0 - \$50,000** □ \$500,000,001 - \$1 billion estimate your liabilities □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion **\$50,001 - \$100,000** to be? □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion □ \$100,001 - \$500,000 □ \$100,000,001 - \$500 million ☐ More than \$50 billion □ \$500,001 - \$1 million Part 7: Sign Below For you I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct. If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11. United States Code, specified in this petition. I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Syed Hyder Moosvi Signature of Debtor 2 Syed Hyder Moosvi Signature of Debtor 1 Executed on Executed on May 31, 2017 MM / DD / YYYY MM / DD / YYYY

Case 17-16711 Doc 1 Filed 05/31/17 Entered 05/31/17 13:06:02 Desc Main Document Page 7 of 54

Debtor 1 Syed Hyder Moosvi Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

/s/ Christina Banyon	Date	May 31, 2017
Signature of Attorney for Debtor		MM / DD / YYYY
Christina Banyon		
Printed name		
Banyon & Scheinbaum, LLC		
Firm name		
3077 West Jefferson Street		
Suite 107		
Joliet, IL 60435		
Number, Street, City, State & ZIP Code		
Contact phone	Email address	cbanyon.law@gmail.com
6283282		
Bar number & State		

Case 17-16711 Doc 1 Filed 05/31/17 Entered 05/31/17 13:06:02 Desc Main

		DUGUIII	tii Paue o ui 54	
Fill in this infor	mation to identify your	case:		
Debtor 1	Syed Hyder Moos	svi		
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	NORTHERN DISTRICT	OF ILLINOIS	
Case number				
(if known)				☐ Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

		Your as Value of	ssets of what you own
1.	Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B	\$	0.00
	1b. Copy line 62, Total personal property, from Schedule A/B	\$	16,969.00
	1c. Copy line 63, Total of all property on Schedule A/B	\$	16,969.00
Pai	t 2: Summarize Your Liabilities		
			abilities t you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$	14,918.00
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$	0.00
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	\$	56,803.00
	Your total liabilities	\$	71,721.00
Paı	t 3: Summarize Your Income and Expenses		
4.	Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$	1,554.44
5.	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$	1,539.00
Pai	t 4: Answer These Questions for Administrative and Statistical Records		
6.	Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you	ur other sch	nedules.
7.	■ Yes What kind of debt do you have?		

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to

12/15

the court with your other schedules.

Entered 05/31/17 13:06:02 Desc Main Case 17-16711 Doc 1 Filed 05/31/17 Document

Page 9 of 54 Case number (if known) Debtor 1 Syed Hyder Moosvi

8.	From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form
	122A-1 Line 11; OR , Form 122B Line 11; OR , Form 122C-1 Line 14.

2,451.37

Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Total	claim
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. Total. Add lines 9a through 9f.	\$	0.00

Case 17-16711 Doc 1 Filed 05/31/17 Entered 05/31/17 13:06:02 Desc Main

Document Page 10 of 54 Fill in this information to identify your case and this filing: Debtor 1 Syed Hyder Moosvi Middle Name First Name Last Name Debtor 2 (Spouse, if filing) First Name Middle Name Last Name United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS Case number Check if this is an amended filing Official Form 106A/B Schedule A/B: Property 12/15 In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In 1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property? No. Go to Part 2. ☐ Yes. Where is the property? Part 2: **Describe Your Vehicles** Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases. 3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles ☐ No Yes Do not deduct secured claims or exemptions. Put Honda Make: Who has an interest in the property? Check one 3 1 the amount of any secured claims on Schedule D: CRV Creditors Who Have Claims Secured by Property. Model: Debtor 1 only 2012 Debtor 2 only Current value of the Current value of the 78000 Approximate mileage: Debtor 1 and Debtor 2 only entire property? portion you own? Other information: ☐ At least one of the debtors and another \$13,000.00 \$13,000.00 ☐ Check if this is community property (see instructions) 4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories ■ No □ Yes 5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for \$13,000.00 pages you have attached for Part 2. Write that number here......>> Do you own or have any legal or equitable interest in any of the following items? Current value of the

Part 3: Describe Your Personal and Household Items

portion you own? Do not deduct secured claims or exemptions.

6. Household goods and furnishings

Examples: Major appliances, furniture, linens, china, kitchenware

Official Form 106A/B Schedule A/B: Property

Debtor 1	Case 17-16711 Doc Syed Hyder Moosvi	1 Filed 05/31/17 Document	 Entered 05/31/17 13:06:02 Page 11 of 54 Case number (if known) 	Desc Main
_	s. Describe			
– 16		old Goods and Furnish	ings	\$800.00
				<u>·</u>
□ No	ples: Televisions and radios; audio, vio including cell phones, cameras,		ipment; computers, printers, scanners; music o	collections; electronic devices
	Lap Top			\$300.00
Exan	other collections, memorabilia, c		ooks, pictures, or other art objects; stamp, coin	, or baseball card collections;
Exan	musical instruments	and other hobby equipment	; bicycles, pool tables, golf clubs, skis; canoes	and kayaks; carpentry tools;
■ No	mples: Pistols, rifles, shotguns, ammur	nition, and related equipme	nt	
□ No	mples: Everyday clothes, furs, leather	coats, designer wear, shoe	s, accessories	
	Used Clothing			\$300.00
■ No	mples: Everyday jewelry, costume jewe	elry, engagement rings, we	dding rings, heirloom jewelry, watches, gems, g	gold, silver
Exa ■ No	farm animals mples: Dogs, cats, birds, horses s. Describe			
■ No	·	s you did not already list,	including any health aids you did not list	
☐ Ye	s. Give specific information			
	d the dollar value of all of your entric Part 3. Write that number here		any entries for pages you have attached	\$1,400.00
	Describe Your Financial Assets			
Do you	own or have any legal or equitable i	nterest in any of the follo	wing?	Current value of the portion you own? Do not deduct secured

Official Form 106A/B Schedule A/B: Property page 2

claims or exemptions.

		Case 17-16711	Doc 1	Filed 05/31/17 Document	Entered 05/31/17 13:06:02 Page 12 of 54	Desc Main
De	btor 1	Syed Hyder Moosvi		Boodinent	Case number (if known)	
16.	Cash					
	□ No Î	oles: Money you have in yo		•	osit box, and on hand when you file your petiti	on
	– 165					
					Cash	\$1,200.00
		ŭ		al accounts; certificates of counts with the same ins	of deposit; shares in credit unions, brokerage l titution, list each.	houses, and other similar
	_			Institution r	ame:	
		17.1.		Pre Paid	Card with CTI Bank	\$200.00
		17.2.		Bank of A	america Checking	\$300.00
		17.3.		PNC Che	cking	\$169.00
	Examp ■ No	, mutual funds, or public oles: Bond funds, investme	-	ith brokerage firms, mor	ney market accounts	
	Non-pu joint vo ■ No	•	interests in ir	ncorporated and unince	orporated businesses, including an interes	st in an LLC, partnership, and
		Give specific information Nan	about them ne of entity:		% of ownership:	
	Negoti		ersonal check	s, cashiers' checks, pro	egotiable instruments missory notes, and money orders. by signing or delivering them.	
	☐ Yes.	Give specific information a	about them ier name:			
		nent or pension account bles: Interests in IRA, ERIS		1(k), 403(b), thrift saving	s accounts, or other pension or profit-sharing	plans
	☐ Yes.	List each account separate Type c	ely. of account:	Institution r	ame:	
	Your sl Examp		s you have ma		tinue service or use from a company ctric, gas, water), telecommunications compar	nies, or others
	■ No □ Yes.			Institution r	ame or individual:	
	Annuiti ■ No	ies (A contract for a period	dic payment of	money to you, either for	life or for a number of years)	
	☐ Yes	lssuer name	e and descript	ion.		
	26 U.S.0	es in an education IRA, in C. §§ 530(b)(1), 529A(b), a		in a qualified ABLE pro	ogram, or under a qualified state tuition pro	ogram.
	■ No □ Yes	Institution n	ame and desc	cription. Separately file th	ne records of any interests.11 U.S.C. § 521(c)	:

Official Form 106A/B Schedule A/B: Property page 3

	Case 17-16711	Doc 1	Filed 05/31/17	Entered 05/31 Page 13 of 54	L/17 13:06:02	Desc Main
Debtor 1	Syed Hyder Moosvi		Document	——————————————————————————————————————	ase number (if known)	
25. Trusts, ■ No	equitable or future intere	ests in prope	rty (other than anythin	g listed in line 1), and	rights or powers exe	rcisable for your benefit
☐ Yes.	Give specific information a	about them				
Examp ■ No	s, copyrights, trademarks bles: Internet domain names Give specific information a	s, websites, p			s	
	es, franchises, and other		ngibles			
Examp ■ No	Oles: Building permits, exclu	ısive licenses	, cooperative association	n holdings, liquor license	es, professional licens	es
		about trieffi				Current value of the
Money of	property owed to you?					portion you own? Do not deduct secured claims or exemptions.
	unds owed to you					
□ No ■ Yes.	Give specific information al	bout them, inc	cluding whether you alre	ady filed the returns and	the tax years	
				,		
		2016	Tax Refund			\$700.00
30. Other a Examp	Give specific information amounts someone owes yoles: Unpaid wages, disabilibenefits; unpaid loans	you ity insurance		efits, sick pay, vacation	pay, workers' compe	nsation, Social Security
	Give specific information					
	ts in insurance policies oles: Health, disability, or life	e insurance; ł	nealth savings account (HSA); credit, homeowne	er's, or renter's insurar	nce
☐ Yes.	Name the insurance compa	any of each paper	olicy and list its value.	Beneficiary	r	Surrender or refund
If you a someo	terest in property that is deare the beneficiary of a living the has died.	due you from		ed		value:
	Give specific information					
	Give specific information against third parties, wholes: Accidents, employment				or payment	
Examp ■ No	against third parties, who	nt disputes, in			or payment	
Examp ■ No □ Yes.	against third parties, wholes: Accidents, employmen	nt disputes, in	surance claims, or rights	to sue		set off claims
Examp No Yes. 34. Other o	against third parties, wholes: Accidents, employment	nt disputes, in	surance claims, or rights	to sue		set off claims

	Case 17-16711	Doc 1	Filed 05/31/17		5/31/17 13:06:02	Desc Main
Debtor	1 Syed Hyder Moosvi		Document	Page 14 of	Case number (if known)	
ПУ	es. Give specific information					
	so. Cive opcome information				,	
	ld the dollar value of all of yo					\$2,569.00
101	r Part 4. Write that number he	ere				ΨΞ,000.00
Part 5:	Describe Any Business-Related	Property You	Own or Have an Interest	In. List any real esta	ate in Part 1.	
37 Do v	ou own or have any legal or equi	tahle interest	in any husiness-related n	aronerty?		
	. Go to Part 6.	idole interest	in any basiness related p	roperty.		
_	s. Go to line 38.					
Part 6:	Describe Any Farm- and Comme If you own or have an interest in fa			n or Have an Interes	st In.	
46 Do y	you own or have any legal or	· equitable in	sterest in any farm- or	commercial fishir	ng-related property?	
	No. Go to Part 7.	equitable iii	iterest in any family of		ig-related property:	
	Yes. Go to line 47.					
_	163. O0 to line 47.					
Part 7:	Describe All Property You	Own or Have a	an Interest in That You Die	d Not List Above		
	you have other property of an amples: Season tickets, country					
■ N		y olds momb	510111p			
□ Ye	es. Give specific information					
					1	
54. Ac	ld the dollar value of all of yo	our entries fr	om Part 7. Write that r	number here		\$0.00
					ı	
Part 8:	List the Totals of Each Part of	of this Form				
55. P a	rt 1: Total real estate, line 2					\$0.00
56. P a	rt 2: Total vehicles, line 5			\$13,000.00		
57. Pa	rt 3: Total personal and hous	sehold items	s, line 15	\$1,400.00		
58. Pa	rt 4: Total financial assets, li	ne 36		\$2,569.00		
59. Pa	rt 5: Total business-related p	property, line	e 45 	\$0.00		
60. P a	rt 6: Total farm- and fishing-	related prop	erty, line 52	\$0.00		
61. Pa	rt 7: Total other property not	t listed, line t	54 +	\$0.00		
62. To	tal personal property. Add lin	nes 56 throug	h 61	\$16,969.00	Copy personal property to	otal \$16,969.00
00 -	tal at all amounts to the state of the state	-1 - A/D			Ī	
63. To	ital of all property on Schedu	iie A/B. Add l	ine 55 + line 62			\$16,969.00

Official Form 106A/B Schedule A/B: Property page 5

Case 17-16711 Doc 1 Filed 05/31/17 Entered 05/31/17 13:06:02 Desc Main

			$\frac{1}{1}$	
Fill in this infor	rmation to identify your	case:		
Debtor 1	Syed Hyder Moos	svi		
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Bankruptcy Court for the:		NORTHERN DISTRICT	OF ILLINOIS	
Case number				
(if known)				☐ Check if this is an
				amended filing

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Iden	tifv the	Property	You	Claim	as	Exemp
--------------	----------	----------	-----	-------	----	-------

- 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.
 - You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
 - ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amo	ount of the exemption you claim	Specific laws that allow exemption
	Copy the value from Schedule A/B	Che	ck only one box for each exemption.	
2012 Honda CRV 78000 miles Line from Schedule A/B: 3.1	\$13,000.00		\$2,400.00	735 ILCS 5/12-1001(c)
Line Holl Schedule A.B. 3.1			100% of fair market value, up to any applicable statutory limit	
Lap Top	\$300.00		\$300.00	735 ILCS 5/12-1001(b)
Line Hotti Schedule A/B. 1.1			100% of fair market value, up to any applicable statutory limit	
Used Clothing Line from Schedule A/B: 11.1	\$300.00		\$300.00	735 ILCS 5/12-1001(a)
Ellie Holli Govedale 775. TTT			100% of fair market value, up to any applicable statutory limit	
Cash Line from Schedule A/B: 16.1	\$1,200.00		\$1,200.00	735 ILCS 5/12-1001(b)
Line Holl Schedule A.B. 19.1			100% of fair market value, up to any applicable statutory limit	
Pre Paid Card with CTI Bank Line from Schedule A/B: 17.1	\$200.00		\$200.00	735 ILCS 5/12-1001(b)
Line Hotti Schedule A/B. 11.1			100% of fair market value, up to any applicable statutory limit	

Case 17-16711 Doc 1 Filed 05/31/17 Entered 05/31/17 13:06:02 Desc Main Document Page 16 of 54 Case number (if known)

				,	
	Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amo	ount of the exemption you claim	Specific laws that allow exemption
		Copy the value from Schedule A/B	Che	ck only one box for each exemption.	
	Bank of America Checking Line from Schedule A/B: 17.2	\$300.00		\$300.00	735 ILCS 5/12-1001(b)
ļ	Lille Hotti Schedule A/B. 11.2			100% of fair market value, up to any applicable statutory limit	
	PNC Checking Line from Schedule A/B: 17.3	\$169.00		\$169.00	735 ILCS 5/12-1001(b)
,	Lille Hotti Schedule A/B. 17.3			100% of fair market value, up to any applicable statutory limit	
	2016 Tax Refund Line from Schedule A/B: 28.1	\$700.00		\$700.00	735 ILCS 5/12-1001(b)
'	Lille Hotti Schedule A/B. 20.1			100% of fair market value, up to any applicable statutory limit	
[Are you claiming a homestead exemption (Subject to adjustment on 4/01/19 and every No Yes. Did you acquire the property cove No	3 years after that for ca	ases fi	,	,
	☐ Yes				

	Case 17-16711	Doc 1	Filed 05/31/17 Document	Entered Page 17	d 05/31/17 13:06	6:02 Desc N	1 ain
Fill in t	this information to identify you	ur case:	Document	T (AUC. 17	01 54		
Debtor	1 Syed Hyder Mo First Name		lle Name	Last Name			
Debtor (Spouse i		Midd	ile Name	Last Name			
United	States Bankruptcy Court for the	· NORTHI	ERN DISTRICT OF ILL	INOIS			
000	Ctates Dania aprey Countries and						
Case n						□ Chook	if this is on
(ii kilowii))					_	if this is an ded filing
				•			20 ag
Offici	al Form 106D						
Sche	edule D: Creditors	Who H	lave Claims $\$$	Secured	by Property		12/15
s neede	omplete and accurate as possible. d, copy the Additional Page, fill it (if known).						
l. Do an	y creditors have claims secured b	y your proper	ty?				
	No. Check this box and submit t	this form to th	e court with your other	schedules. Yo	ou have nothing else to r	report on this form.	
	Yes. Fill in all of the information	below.					
Part 1:	List All Secured Claims						
2. List a	all secured claims. If a creditor has	more than one	secured claim, list the cred	ditor separately	Column A	Column B	Column C
	claim. If more than one creditor has spossible, list the claims in alphabet		· ·		Do not deduct the	Value of collateral that supports this claim	Unsecured portion If any
2.1 S	antander	Describe th	e property that secures t	he claim:	\$14,918.00	\$13,000.00	\$1,918.00
Cr	reditor's Name	2012 Hon	da CRV 78000 mile	S			
Р	O Box 961288		te you file, the claim is:	Check all that			
	ort Worth, TX 76161	apply. Continge	nt				
Nu	umber, Street, City, State & Zip Code	Unliquida					
		☐ Disputed					
Who ov	wes the debt? Check one.	_	en. Check all that apply.				
	tor 1 only		ment you made (such as n	nortgage or sec	ured		
_	tor 2 only	_	•				
	tor 1 and Debtor 2 only	☐ Statutory	lien (such as tax lien, med	chanic's lien)			
	east one of the debtors and another	_ ~	it lien from a lawsuit				
	ck if this claim relates to a nmunity debt	☐ Other (in	cluding a right to offset) _				
Date de	ebt was incurred	Last	4 digits of account numb	per			
Add ti	he dollar value of your entries in C	Column A on th	nis page. Write that numb	per here:	\$14,918.	00	
	jour onimos in c		page mat mann		Ψιτισιο		

Part 2: List Others to Be Notified for a Debt That You Already Listed

If this is the last page of your form, add the dollar value totals from all pages.

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

\$14,918.00

Write that number here:

Case 17-16711 Doc 1 Filed 05/31/17 Entered 05/31/17 13:06:02 Desc Main

	Case 11-10/11 L	Document	Page 18	R of 54)Z DC3	Civialii
Fill in thi	s information to identify your		1 (11)(2 1)	7 (7) (7)		
Debtor 1	Syed Hyder Moos	vi				
Debior 1	First Name	Middle Name	Last Name			
Debtor 2						
(Spouse if, fi	ling) First Name	Middle Name	Last Name			
United St	ates Bankruptcy Court for the:	NORTHERN DISTRICT OF ILI	INOIS			
Case nun	nber					
(if known)					_	neck if this is an
					an	nended filing
Official	Form 106E/F					
		ho Have Unsecured	Claims			12/15
		e Part 1 for creditors with PRIORIT		Part 2 for creditors with NONP	RIORITY clain	
Schedule [eft. Attach): Creditors Who Have Claims Sec	ired Leases (Official Form 106G). I ured by Property. If more space is e. If you have no information to re	needed, copy t	he Part you need, fill it out, n	umber the entr	ries in the boxes on the
Part 1:	List All of Your PRIORITY Un	secured Claims				
1. Do an	y creditors have priority unsecure	d claims against you?				
■ No	. Go to Part 2.					
☐ Ye	S.					
Part 2:	List All of Your NONPRIORIT	Y Unsecured Claims				
3. Do an	y creditors have nonpriority unsec	cured claims against you?				
□ No	. You have nothing to report in this pa	art. Submit this form to the court with	your other sche	edules.		
■ Ye	S.					
unsec	ured claim, list the creditor separately ne creditor holds a particular claim, li	aims in the alphabetical order of th / for each claim. For each claim listed st the other creditors in Part 3.If you I	, identify what t	ype of claim it is. Do not list clair	ms already incl	uded in Part 1. If more
						Total claim
4.1	ifni, Inc.	Last 4 digits of acc	ount number	2203		\$347.00
	onpriority Creditor's Name				-	· · · · · · · · · · · · · · · · · · ·
	o Box 3097 Bloomington, IL 61702	When was the debt	incurred?	Opened 11/16		
	umber Street City State Zlp Code	As of the date you	file, the claim i	s: Check all that apply		
	/ho incurred the debt? Check one.					
	Debtor 1 only	☐ Contingent				
	Debtor 2 only	☐ Unliquidated				
	Debtor 1 and Debtor 2 only	☐ Disputed				
	At least one of the debtors and and	other Type of NONPRIOR	ITY unsecured	l claim:		
	Check if this claim is for a comr	munity				
	ebt			ration agreement or divorce tha	t you did not	
_	the claim subject to offset?	report as priority clai		g plans, and other similar debts		
	No	•	•	• •		
L	Yes	Other. Specify	Collection	Attorney At T Mobility		

Case 17-16711 Doc 1 Filed 05/31/17 Entered 05/31/17 13:06:02 Desc Main Document Page 19 of 54

Case number (if know)

Debtor	1 Syed Hyder Moosvi		Case number (if know)	
4.2	Armor Systems Co	Last 4 digits of account number	5006	\$562.00
	Nonpriority Creditor's Name 1700 Kiefer Dr Ste 1	When was the debt incurred?	Opened 10/14	
	Zion, IL 60099 Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply	
	Who incurred the debt? Check one.			
	■ Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	■ Other. Specify Cardiovaso	Attorney Fox Valley cular Cons	
4.3	Atg Credit	Last 4 digits of account number	8456	\$1,082.00
	Nonpriority Creditor's Name 1700 W Cortland St Ste 2	When was the debt incurred?	Opened 03/15	
	Chicago, IL 60622 Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply	
	Who incurred the debt? Check one.	•	,	
	Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims		
	■ No	Debts to pension or profit-sharing		
	Yes	■ Other. Specify Consultant	Attorney Valley Imaging s	
4.4	Atg Credit	Last 4 digits of account number	2616	\$961.00
	Nonpriority Creditor's Name 1700 W Cortland St Ste 2 Chicago, IL 60622	When was the debt incurred?	Opened 04/15	
	Number Street City State Zlp Code	As of the date you file, the claim		
	Who incurred the debt? Check one.			
	■ Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure		
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims		
	■ No	Debts to pension or profit-sharing		
	Yes	Other. Specify Physicians	Attorney Empact Emergency L	

Case 17-16711 Doc 1 Filed 05/31/17 Entered 05/31/17 13:06:02 Desc Main Document Page 20 of 54 Case number (if know)

Debtor	1 Syed Hyder Moosvi		ase number (if know)	
4.5	Atg Credit	Last 4 digits of account number	9413	\$420.00
	Nonpriority Creditor's Name 1700 W Cortland St Ste 2	When was the debt incurred?	Opened 10/14	
	Chicago, IL 60622 Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is:	Check all that apply	
	■ Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured c	laim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separat report as priority claims	ion agreement or divorce that you did not	
	■ No	☐ Debts to pension or profit-sharing p	elans, and other similar debts	
	Yes	■ Other. Specify Cardiovascul	torney Rush Copley ar And	
4.6	Atg Credit	Last 4 digits of account number _{	3411	\$366.00
	Nonpriority Creditor's Name 1700 W Cortland St Ste 2 Chicago, IL 60622	When was the debt incurred?	Opened 03/15	
	Number Street City State ZIp Code	As of the date you file, the claim is:	Check all that apply	
	Who incurred the debt? Check one.			
	■ Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured c	laim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separat report as priority claims	ion agreement or divorce that you did not	
	No	Debts to pension or profit-sharing p		
	☐ Yes	■ Other. Specify Consultants		
4.7	Blatt, Hassenmiller, Leibsker & M.	Last 4 digits of account number	0133	\$28,357.00
	Nonpriority Creditor's Name 211 Landmark Drive Suite C-1	When was the debt incurred?		
	Normal, IL 61761 Number Street City State Zlp Code	As of the date you file, the claim is:	Check all that apply	
	Who incurred the debt? Check one.			
	Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured c	laim:	
	☐ Check if this claim is for a community	Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a separat report as priority claims	ion agreement or divorce that you did not	
	No	Debts to pension or profit-sharing p	lans, and other similar debts	
		, , ,	and other similar debte	
	☐ Yes	Other. Specify Collection		

Case 17-16711 Doc 1 Filed 05/31/17 Entered 05/31/17 13:06:02 Desc Main Document Page 21 of 54

Debtor 1 Syed Hyder Moosvi Case number (if know) 4.8 Cbna Last 4 digits of account number 9189 \$0.00 Nonpriority Creditor's Name Opened 09/94 Last Active Po Box 6283 When was the debt incurred? 5/10/01 Sioux Falls, SD 57117 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes ■ Other. Specify Credit Card 4.9 Com Ed Last 4 digits of account number \$789.00 Nonpriority Creditor's Name When was the debt incurred? PO Box 6111 Carol Stream, IL 60197 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt $\hfill\square$ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts ☐ Yes ■ Other. Specify Utility 4.1 **Creditors Collections Bureau** \$2,287.00 Last 4 digits of account number 0 Nonpriority Creditor's Name PO Box 63 When was the debt incurred? Kankakee, IL 60901 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent ■ Unliquidated Debtor 2 only Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims lacksquare Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes ■ Other. Specify Medical Debt

Case 17-16711 Doc 1 Filed 05/31/17 Entered 05/31/17 13:06:02 Desc Main Document Page 22 of 54

Elmbhurst Memorial Healthcare	Last 4 digits of account number	\$
Nonpriority Creditor's Name 27535 Network Place	When was the debt incurred?	
Chicago, IL 60673 Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.		
■ Debtor 1 only	☐ Contingent	
Debtor 2 only	☐ Unliquidated	
Debtor 1 and Debtor 2 only	□ Disputed	
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
debt Is the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
☐ Yes	Other. Specify Medical Debt	
Empact Emergency	Last 4 digits of account number	\$9
Nonpriority Creditor's Name		•
Dept 20-7009 Box 5997	When was the debt incurred?	
Carol Stream, IL 60197 Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.	As of the date you me, the claim is. Oneon all that apply	
■ Debtor 1 only	☐ Contingent	
Debtor 2 only	☐ Unliquidated	
Debtor 1 and Debtor 2 only	☐ Disputed	
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
debt	☐ Obligations arising out of a separation agreement or divorce that you did not	
ls the claim subject to offset?	report as priority claims	
■ No	Debts to pension or profit-sharing plans, and other similar debts	
Yes	■ Other. Specify Medical Debt	
HRRG	Last 4 digits of account number	\$1
Nonpriority Creditor's Name		
PO Box 5406	When was the debt incurred?	
Cincinnati, OH 45273 Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.	and apply	
Debtor 1 only	☐ Contingent	
□ Debtor 2 only	☐ Unliquidated	
Debtor 1 and Debtor 2 only	□ Disputed	
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
debt	☐ Obligations arising out of a separation agreement or divorce that you did not	
Is the claim subject to offset?	report as priority claims	
No	Debts to pension or profit-sharing plans, and other similar debts	
☐ Yes	■ Other. Specify Medical Debt	

Case 17-16711 Doc 1 Filed 05/31/17 Entered 05/31/17 13:06:02 Desc Main Document Page 23 of 54

Debt	or 1 Syed Hyder Moosvi	Case number (if know)	
4.1 4	I C System Inc	Last 4 digits of account number 5001	\$143.00
	Nonpriority Creditor's Name Po Box 64378	When was the debt incurred? Opened 11/15	
	Saint Paul, MN 55164 Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	■ Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	<u> </u>		
	Debtor 1 and Debtor 2 only	☐ Disputed Type of NONPRIORITY unsecured claim:	
	At least one of the debtors and another	Student loans	
	☐ Check if this claim is for a community debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes	■ Other. Specify Collection Attorney Att Midwest	
4.1 5	Inpatient Consultants	Last 4 digits of account number	\$173.00
	Nonpriority Creditor's Name PO Box 844918 Los Angeles, CA 90084	When was the debt incurred?	
	Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	□ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes	■ Other. Specify Medical Debt	
4.1 6	Institute for Personal Development	Last 4 digits of account number	\$75.00
	Nonpriority Creditor's Name 1401 Lakewood Drive Suite A	When was the debt incurred?	
	Morris, IL 60450		
	Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	•	□ Debts to pension or profit-sharing plans, and other similar debts	
	No		
	□ Yes	■ Other. Specify Medical Debt	

Case 17-16711 Doc 1 Filed 05/31/17 Entered 05/31/17 13:06:02 Desc Main Document Page 24 of 54
Case number (if know)

Syeu nyuei woosvi		Case Hulliber (II know)	
Kohls/capone	Last 4 digits of account number	4925	\$413.00
Nonpriority Creditor's Name		Opened 09/12 Last Active	
N56 W 17000 Ridgewood Dr Menomonee Falls, WI 53051	When was the debt incurred?	9/05/13	
Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
■ Debtor 1 only	☐ Contingent		
☐ Debtor 2 only	☐ Unliquidated		
☐ Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
■ No	Debts to pension or profit-sharing	ng plans, and other similar debts	
Yes	Other. Specify Charge Acc	count	
Kohls/capone	Last 4 digits of account number	0517	\$0.00
Nonpriority Creditor's Name			·
N56 W 17000 Ridgewood Dr Menomonee Falls, WI 53051	When was the debt incurred?	Opened 02/02 Last Active 3/06/02	
Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
☐ Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
■ No	Debts to pension or profit-sharing	ng plans, and other similar debts	
Yes	Other. Specify Charge Acc	count	
Laboratory Physicians	Last 4 digits of account number		\$209.00
Nonpriority Creditor's Name PO Boc 775178	When was the debt incurred?		*
Chicago, IL 60677 Number Street City State Zlp Code		in Object all that and by	
Who incurred the debt? Check one.	As of the date you file, the claim	в. Спеск ан тпат арргу	
Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
Debtor 1 and Debtor 2 only	☐ Disputed		
At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt	Obligations arising out of a sepa	aration agreement or divorce that you did not	
Is the claim subject to offset?	report as priority claims		
■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
Yes	■ Other Specify Medical De	bt	

Case 17-16711 Doc 1 Filed 05/31/17 Entered 05/31/17 13:06:02 Desc Main Document Page 25 of 54 Case number (if know)

Debto	Syed Hyder Moosvi		Case number (if know)						
1.2	Med Busi Bur	Last 4 digits of account number	9384	\$990.0					
)	Nonpriority Creditor's Name	Last 4 digits of account number		ψ330.0					
	1460 Renaissance Dr Park Ridge, IL 60068	When was the debt incurred?	Opened 06/15						
	Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply						
	Who incurred the debt? Check one.								
	Debtor 1 only	☐ Contingent							
	☐ Debtor 2 only	☐ Unliquidated							
	☐ Debtor 1 and Debtor 2 only	☐ Disputed							
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:						
	☐ Check if this claim is for a community	☐ Student loans							
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not						
	■ No	☐ Debts to pension or profit-sharir	ng plans, and other similar debts						
	— NO	·	•						
	Yes	Other. Specify Assoc Assoc	Attorney Guardian Anesthesia						
.2	Med Busi Bur	Last 4 digits of account number	9385	\$220.0					
	Nonpriority Creditor's Name								
	1460 Renaissance Dr Park Ridge, IL 60068	When was the debt incurred?	Opened 06/15						
	Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply							
	Who incurred the debt? Check one.								
	Debtor 1 only								
	Debtor 2 only	ebtor 2 only							
	☐ Debtor 1 and Debtor 2 only	☐ Disputed							
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured claim:							
	☐ Check if this claim is for a community	☐ Student loans							
	debt		aration agreement or divorce that you did not						
	Is the claim subject to offset?	report as priority claims							
	No	☐ Debts to pension or profit-sharing	ng plans, and other similar debts						
	☐ Yes	Other. Specify Collection Assoc	Attorney Guardian Anesthesia						
2	MiraMed Revenue Group	Last 4 digits of account number		\$263.0					
	Nonpriority Creditor's Name Dept. 77304	When was the debt incurred?							
	Detroit, MI 48277 Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply						
	Who incurred the debt? Check one.	As of the date you me, the claim	15. Check all that apply						
	■ Debtor 1 only	☐ Contingent							
	Debtor 2 only	☐ Unliquidated							
	Debtor 1 and Debtor 2 only	☐ Disputed Type of NONPRIORITY unsecure	d claim:						
	At least one of the debtors and another	Student loans	u Juliii						
	☐ Check if this claim is for a community debt		aration agreement or divorce that you did not						
	Is the claim subject to offset?	report as priority claims	and a disconnection divolce that you did not						
	■ No	Debts to pension or profit-sharing	ng plans, and other similar debts						
	Yes	■ Other. Specify Collection							
		- Other Specify							

Case 17-16711 Doc 1 Filed 05/31/17 Entered 05/31/17 13:06:02 Desc Main Document Page 26 of 54

Case number (if know) Debtor 1 Syed Hyder Moosvi 4.2 **Montgomergry Fire Protection** \$747.00 Last 4 digits of account number 3 Nonpriority Creditor's Name PO Box 457 When was the debt incurred? Wheeling, IL 60090 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Medical Debt ☐ Yes 4.2 **Northwestern Medicine** \$2,026.00 Last 4 digits of account number Nonpriority Creditor's Name PO Box 4090 When was the debt incurred? Carol Stream, IL 60197 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Medical Debt ☐ Yes **Presence Saint Joseph Medical** 4.2 \$2,288.00 Cente Last 4 digits of account number Nonpriority Creditor's Name 32817 Collection Center Drive When was the debt incurred? Chicago, IL 60693 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Medical Debt ☐ Yes

Case 17-16711 Doc 1 Filed 05/31/17 Entered 05/31/17 13:06:02 Desc Main Document Page 27 of 54

Debtor 1 Syed Hyder Moosvi Case number (if know) Presence Saint Joseph Medical 42 \$379.00 6 Last 4 digits of account number Cente Nonpriority Creditor's Name **62314 Collection Center Drive** When was the debt incurred? Chicago, IL 60693 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Medical Debt ☐ Yes 4.2 Ridge Ambulance \$1,539.00 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? 1851 Aucutt Road Montgomery, IL 60538 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only □ Disputed \square At least one of the debtors and another Type of NONPRIORITY unsecured claim: ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Medical Debt ☐ Yes 4.2 \$680.00 **Rush Copley Medical Center** Last 4 digits of account number 8 Nonpriority Creditor's Name PO Box 2222 When was the debt incurred? Aurora, IL 60504 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community deht ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Medical ☐ Yes

Case 17-16711 Doc 1 Filed 05/31/17 Entered 05/31/17 13:06:02 Desc Main Document Page 28 of 54

Debtor 1	Syed Hyd	er Moosvi	———————	Case n	number (if know)				
٠ I	-	y Medical Center	Last 4 digits of account number	1033		\$10,084.00			
P A	O Box 209 Lurora, IL 6	01 0507	When was the debt incurred?						
		City State ZIp Code the debt? Check one.	As of the date you file, the claim	is: Check	t all that apply				
	Debtor 1 onl	у	☐ Contingent						
	Debtor 2 onl	у	☐ Unliquidated						
	Debtor 1 and	d Debtor 2 only	☐ Disputed						
	At least one	of the debtors and another	Type of NONPRIORITY unsecure	d claim:					
	☐ Check if this claim is for a community		☐ Student loans						
	ebt the claim su	bject to offset?	Obligations arising out of a separeport as priority claims	aration ag	reement or divorce that you did not				
	No		Debts to pension or profit-shari	ng plans, a	and other similar debts				
] Yes		■ Other Specify Medical De	ebt					
4.3 T	ri City Rad	liology	Last 4 digits of account number			\$294.00			
N	onpriority Cred	ditor's Name	When was the debt incurred?			Ψ20.1.00			
	awson, MO		mon was the assembariou.	-					
N	umber Street (City State ZIp Code	As of the date you file, the claim	is: Check	all that apply				
W	/ho incurred t _	he debt? Check one.							
	Debtor 1 onl	у	☐ Contingent						
	Debtor 2 onl	у	☐ Unliquidated						
	Debtor 1 and	d Debtor 2 only	☐ Disputed						
	At least one	of the debtors and another	Type of NONPRIORITY unsecured claim:						
		s claim is for a community	Student loans						
	ebt the claim su	bject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims						
_	No	.,	☐ Debts to pension or profit-sharing plans, and other similar debts						
] Yes		Other. Specify Medical De						
Part 3:	List Othors	s to Be Notified About a Debt	That You Alroady Listed						
5. Use this is trying have mo	page only if y to collect fro re than one c for any debts	ou have others to be notified abo	ut your bankruptcy, for a debt that eone else, list the original creditor in ou listed in Parts 1 or 2, list the add ubmit this page.	n Parts 1	or 2, then list the collection agency	here. Similarly, if you			
	amounts of insecured cla	**	s. This information is for statistical	eporting	purposes only. 28 U.S.C. §159. Add	I the amounts for each			
					Total Claim				
Tot clain		Domestic support obligations		6a.	\$0.00				
from Part		Taxes and certain other debts y	ou owe the government	6b.	\$ 0.00				
	6c.	Claims for death or personal inj	ury while you were intoxicated	6c.	\$ 0.00				
	6d.	Other. Add all other priority unsec	ured claims. Write that amount here.	6d.	\$	-			
	6e.	Total Priority. Add lines 6a through	ıh 6d.	6e.	\$0.00				
	6f.	Student loans		6f.	Total Claim \$ 0.00				
Tot clain									

from Part 2

6g.

Obligations arising out of a separation agreement or divorce that you did not report as priority claims

Debts to pension or profit-sharing plans, and other similar debts

6h.

0.00

0.00

Entered 05/31/17 13:06:02 Desc Main Case 17-16711 Doc 1 Filed 05/31/17 Page 29 of 54 Case number (if know) Document

Debtor 1 Syed Hyder Moosvi

6j.

6i.	Other. Add all other nonpriority unsecured claims. Write that amount
	here.

6i. 56,803.00

Total Nonpriority. Add lines 6f through 6i.

56,803.00

Case 17-16711 Doc 1 Filed 05/31/17 Entered 05/31/17 13:06:02 Desc Main

			111 FAUC 30 01 34	
Fill in this infor	rmation to identify your	case:		
Debtor 1	Syed Hyder Moos	svi		
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	NORTHERN DISTRICT	OF ILLINOIS	
Case number				
(if known)				☐ Check i
				amende

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or	r company with Name, Number	n whom you have the er, Street, City, State and ZIP C	contract or lease	State what the contract or lease is for
2.1					
	Name				
	Number	Street			_
	City		State	ZIP Code	_
2.2					
	Name				
	Number	Street			_
	City		State	ZIP Code	_
2.3	<u> </u>		Oldio	211 0000	
	Name				
	Number	Street			_
	City		State	ZIP Code	
2.4					
	Name				_
	Number	Street			
	City		State	ZIP Code	
2.5					
	Name				
	Number	Street			_
	City		State	ZIP Code	_

Case 17-16711 Doc 1 Filed 05/31/17 Entered 05/31/17 13:06:02 Desc Main

		Docume	nt Page 31 o	<u>f 54 </u>	
Fill in this	s information to identify	your case:			
Debtor 1	Syed Hyder	Moosvi			
	First Name	Middle Name	Last Name		
Debtor 2 (Spouse if, fil	ling) First Name	Middle Name	Last Name		
United Sta	ates Bankruptcy Court for	the: NORTHERN DISTRICT	OF ILLINOIS		
0	-h				
Case num	nber				Check if this is an amended filing
Officia	al Form 106H				
		Padabtara			4044
Sched	dule H: Your C	Jodeptors			12/15
people are fill it out, a your name	e filing together, both ar and number the entries e and case number (if k	who are also liable for any deb re equally responsible for supp in the boxes on the left. Attach nown). Answer every question.	lying correct informat the Additional Page to	ion. If more space is needed, on this page. On the top of any	opy the Additional Page,
	, ,	()			
■ No □ Ye					
		ve you lived in a community pr isiana, Nevada, New Mexico, Pu			and territories include
	o. Go to line 3.	er spouse, or legal equivalent live	with you at the time?		
	, ,	, ,	,		
in lin Form	e 2 again as a codebtor	odebtors. Do not include your only if that person is a guaran Official Form 106E/F), or Sched	tor or cosigner. Make s	sure you have listed the credit	or on Schedule D (Official
	Column 1: Your codebte Name, Number, Street, City, State			Column 2: The creditor to Check all schedules that ap	
3.1				☐ Schedule D, line	
[0.1]	Name			☐ Schedule E/F, line	
				☐ Schedule G, line	
	Number Street			_	
	City	State	ZIP Code		
3.2				☐ Schedule D, line	
	Name			☐ Schedule E/F, line	
				☐ Schedule G, line	
	Number Street			_	

State

City

ZIP Code

Case 17-16711 Doc 1 Filed 05/31/17 Entered 05/31/17 13:06:02 Desc Main Document Page 32 of 54

Fill	in this information to ide	ntify your ca	ace.				ı				
		ed Hyder									
	otor 2					_					
Uni	ited States Bankruptcy C	ourt for the	NORTHERN DISTRIC	CT OF ILLINOIS							
(If kr	se number						□ A □ A		d filing ent showing	g postpetition ollowing date:	
	fficial Form 10						M	IM / DD/ Y	YYY		
S	chedule I: Yo	ur Inco	ome								12/15
spo atta	use. If you are separate	ed and you this form. (are married and not filii r spouse is not filing wi On the top of any additi	ith you, do not inclu	ide infor	mati	on about	your spourmber (if	ouse. If mo known). A	ore space is	needed,
	If you have more than	one job,		■ Employed				☐ Emplo			
	attach a separate page information about addi	e with	Employment status	☐ Not employed				☐ Not e	mployed		
	employers.		Occupation	Cashier							
	Include part-time, seas self-employed work.	sonal, or	Employer's name	Home Depot							
	Occupation may include or homemaker, if it app		Employer's address	Schaumburg, II	_						
			How long employed to	here? 5 mont	:hs			_			
Par	rt 2: Give Details	About Mon	thly Income								
	mate monthly income a		ate you file this form. If	you have nothing to r	eport for	any	line, write	\$0 in the	space. Inc	clude your no	n-filing
	ou or your non-filing spou e space, attach a separa		ore than one employer, co	ombine the informatio	on for all	empl	oyers for	that perso	n on the lir	nes below. If	you need
							For Dek	otor 1		otor 2 or ng spouse	
2.			ry, and commissions (becalculate what the month)		2.	\$	1,	,951.37	\$	N/A	
3.	Estimate and list mor	nthly overti	me pay.		3.	+\$		0.00	+\$	N/A	
4.	Calculate gross Inco	me. Add lin	e 2 + line 3.		4.	\$	1,95	51.37	\$	N/A	

Case 17-16711 Doc 1 Filed 05/31/17 Entered 05/31/17 13:06:02 Desc Main Document Page 33 of 54

Debt	or 1	Syed Hyder Moosvi		С	ase number (if k	nown)				
					For Debtor 1			Debtor		
	Con	y line 4 here	4.		\$ 1,95 ⁻	1 37	\$	n-filing s	pouse N/A	
	Jul	y line 4 nere			Ψ <u> </u>	1.57	Ψ_		11//	_
5.	List	all payroll deductions:								
	5a.	Tax, Medicare, and Social Security deductions	5a.			6.93	\$_		N/A	_
	5b.	Mandatory contributions for retirement plans	5b.		-	0.00	\$		N/A	_
	5c.	Voluntary contributions for retirement plans	5c.			0.00	\$_		N/A	_
	5d.	Required repayments of retirement fund loans Insurance	5d.		. —	0.00	\$_ \$		N/A N/A	_
	5e. 5f.	Domestic support obligations	5e. 5f.		:	0.00	» \$_		N/A N/A	_
	5g.	Union dues	5g.		: 	0.00	\$-		N/A	_
	5h.	Other deductions. Specify:	5h.			0.00	+ \$ _		N/A	_
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	_ 6.	9		6.93	\$		N/A	_
7.		culate total monthly take-home pay. Subtract line 6 from line 4.	7.	9	1,55		\$		N/A	_
			• •	•		****	Ψ_		11//	_
8.	8a.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross								
		receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.		\$	0.00	\$		N/A	
	8b.	Interest and dividends	8b.		·	0.00	\$-		N/A	_
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce			·		`-			_
		settlement, and property settlement.	8c.			0.00	\$_		N/A	
	8d.	Unemployment compensation	8d.			0.00	\$		N/A	_
	8e.	Social Security	8e.		\$	0.00	\$_		N/A	_
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f.		\$	0.00	\$		N/A	
	8g.	Pension or retirement income	8g.		\$	0.00	\$		N/A	_
	8h.	Other monthly income. Specify:	_ 8h.	.+	\$	0.00	+ \$_		N/A	_
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$		0.00	\$_		N/A	A
10.	Calo	culate monthly income. Add line 7 + line 9.	10.	\$	1,554.44	+ \$		N/A	= \$	1,554.44
		the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.		_	.,	` -			' -	1,00
11.	Stat Inclu	e all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your or friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not a second control or amounts.	depe						⊋ J. +\$	0.00
12.		the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certainies						e. 12.	\$	1,554.44 ned
13.	Do y	you expect an increase or decrease within the year after you file this form	?							ly income
		No. Yes Explain:								

Case 17-16711 Doc 1 Filed 05/31/17 Entered 05/31/17 13:06:02 Desc Main Document Page 34 of 54

-						•		
	in this informa	tion to identify yo	our case:					
Deb	tor 1	Syed Hyder	Moosvi				eck if this is:	
Deb	tor 2						An amended filing A supplement sho	wing postpetition chapter
(Spo	ouse, if filing)					_	13 expenses as of	the following date:
Unit	ed States Bankr	ruptcy Court for the	: NORTH	ERN DISTRICT OF ILLIN	OIS		MM / DD / YYYY	
	e number nown)							
Of	fficial Fo	rm 106J				-		
Sc	chedule	J: Your	Exper	nses				12/15
Be info	as complete a	and accurate as	possible eded, atta	. If two married people and the control of the cont				
Par		ibe Your House	hold					
1.	Is this a joir No. Go to							
			in a separ	ate household?				
	□N							
			st file Offic	al Form 106J-2, Expenses	s for Separate House	ehold of De	btor 2.	
2.	Do you have	e dependents?	□ No					
	Do not list D Debtor 2.	ebtor 1 and	Yes.	Fill out this information for each dependent	Dependent's relat Debtor 1 or Debto		Dependent's age	Does dependent live with you?
	Do not state	the						□ No
	dependents	names.			Daughter		18	Yes
								□ No
								☐ Yes ☐ No
								□ Yes
								□ No
								☐ Yes
3.	, ,	enses include f people other t	han	No				
		d your depende		Yes				
Par	t 2: Estim	ate Your Ongoi	na Month	v Expenses				
Est exp	imate your ex	penses as of ye	our bankr	uptcy filing date unless y y is filed. If this is a supp				
the	lude expense value of sucl ficial Form 10	n assistance an	non-cash d have ind	government assistance i	f you know Your Income		Your exp	enses
,511		,				_		
4.		or home owners and any rent for th		ses for your residence. I or lot.	nclude first mortgag	e 4.	\$	300.00
	If not includ	led in line 4:						
	4a. Real e	estate taxes				4a.	\$	0.00
	4b. Prope	rty, homeowner's	s, or renter	's insurance		4b.		0.00
				upkeep expenses		4c.		0.00
F		owner's associat		dominium dues our residence. such as ho	ma aguit. Is	4d. 5.	·	0.00
Э.	AUGITIONALI	nortuaue pavmo	ems for Vi	aur residence, such as ho	ine equity loans	ວ.	vD.	0.00

Case 17-16711 Doc 1 Filed 05/31/17 Entered 05/31/17 13:06:02 Desc Main Document Page 35 of 54

Debtor 1 Syed Hyder I	Moosvi	_ Case num	ber (if known)	
6. Utilities:				
6a. Electricity, heat	t, natural gas	6a.	\$	190.00
	garbage collection	6b.	· ·	70.00
, , ,	l phone, Internet, satellite, and cable services	6c.		55.00
6d. Other. Specify:		6d.	·	0.00
7. Food and housekee		7.	\$	300.00
	ren's education costs	8.	\$	0.00
9. Clothing, laundry, a		9.	•	80.00
10. Personal care produ	-	10.		60.00
Medical and dental e		11.	·	50.00
	ude gas, maintenance, bus or train fare.		Ψ	30.00
Do not include car pa		12.	\$	331.00
	s, recreation, newspapers, magazines, and books	13.	\$	20.00
	tions and religious donations	14.	\$	0.00
5. Insurance.	•		•	
Do not include insura	nce deducted from your pay or included in lines 4 or 20			
15a. Life insurance		15a.	\$	0.00
15b. Health insurance	ce	15b.	\$	0.00
15c. Vehicle insurar	ice	15c.	\$	83.00
15d. Other insurance	e. Specify:	15d.	\$	0.00
6. Taxes. Do not include	e taxes deducted from your pay or included in lines 4 or	20.		
Specify:	<u> </u>	16.	\$	0.00
7. Installment or lease				
17a. Car payments f		17a.	·	0.00
17b. Car payments f		17b.		0.00
17c. Other. Specify:		17c.	*	0.00
17d. Other. Specify:		17d.	\$	0.00
	limony, maintenance, and support that you did not		¢	0.00
	pay on line 5, Schedule I, Your Income (Official For a make to support others who do not live with you.	m 1061).	\$	
Specify:	make to support others who do not live with you.	19.	Ψ	0.00
. ,	expenses not included in lines 4 or 5 of this form or		ur Income	
20a. Mortgages on o		20a.		0.00
20b. Real estate tax		20b.	· ·	0.00
	eowner's, or renter's insurance	20c.		0.00
	repair, and upkeep expenses	20d.		0.00
	association or condominium dues	20d. 20e.	·	0.00
	association of condominatin dues	21.	·	
1. Other: Specify:			- φ	0.00
2. Calculate your mont	thly expenses			
22a. Add lines 4 throu	սցի 21.		\$	1,539.00
22b. Copy line 22 (mo	onthly expenses for Debtor 2), if any, from Official Form	106J-2	\$	·
	22b. The result is your monthly expenses.		\$	1,539.00
	, , ,			.,000.00
3. Calculate your mont			_	
	your combined monthly income) from Schedule I.	23a.		1,554.44
23b. Copy your mon	nthly expenses from line 22c above.	23b.	-\$	1,539.00
00-0-1	and the same and t			
	monthly expenses from your monthly income.	23c.	\$	15.44
rne result is yo	our monthly net income.	230.	T	
24. Do you expect an in	crease or decrease in your expenses within the year	r after you file this	form?	
	pect to finish paying for your car loan within the year or do you	•		ase or decrease because o
modification to the terms		. 551		
■ No.				
	plain here:			

Case 17-16711 Doc 1 Filed 05/31/17 Entered 05/31/17 13:06:02 Desc Main Document Page 36 of 54

Fill in this	information to identify your	case:			
Debtor 1	Syed Hyder Moos				
Debior 1	First Name	Middle Name	Last Name		
Debtor 2					
(Spouse if, filing	ng) First Name	Middle Name	Last Name		
United Sta	ates Bankruptcy Court for the:	NORTHERN DISTRICT	OF ILLINOIS		
Case num	ber				
(if known)					☐ Check if this is an
					amended filing
Official	Form 106Dec				
			Dalatania Oa	la a de da a	
Decia	aration About a	<u>ın individual</u>	Deptor's Sc	nedules	12/15
years, or b	ooth. 18 U.S.C. §§ 152, 1341, 1	519, and 3571.			
Did y	ou pay or agree to pay some	one who is NOT an attor	rney to help you fill out b	ankruptcy forms?	
.	No				
,	Yes. Name of person			Attach <i>Bankn</i>	uptcy Petition Preparer's Notice,
	Too. Hame of person				and Signature (Official Form 119)
	r penalty of perjury, I declare hey are true and correct.	that I have read the sum	mary and schedules file	d with this declaration	and
Υ /s	s/ Syed Hyder Moosvi		X		
	yed Hyder Moosvi		Signature of	Debtor 2	
	ignature of Debtor 1		- 3		
D	ate May 31, 2017		Date		
					

Case 17-16711 Doc 1 Filed 05/31/17 Entered 05/31/17 13:06:02 Desc Main Document Page 37 of 54

Fill in	this information to ider	tify your case:				
Debto	or 1 Syed Hyd	der Moosvi	Middle Name	Last Name		
Debto			Wildule Name	Lastivaille		
(Spouse	e if, filing) First Name		Middle Name	Last Name		
United	d States Bankruptcy Cour	t for the: NOF	RTHERN DISTRICT	OF ILLINOIS		
Case	number					
(if know					-	Check if this is an
					a	mended filing
~	=					
	cial Form 107				_	
Stat	ement of Finar	ncial Affai	rs for Indivi	duals Filing for B	ankruptcy	4/10
					equally responsible for sup	
	iation. If more space is er (if known). Answer ev		a separate sneet to	this form. On the top of any	y additional pages, write you	ir name and case
Part 1	Give Details About	Your Marital St	atus and Where You	ı Lived Before		
			atus una vincio i ot	a Elved Belole		
1. W	/hat is your current mar	ital status?				
	Married					
	Not married					
2. D	uring the last 3 years, h	ave you lived ar	nywhere other than	where you live now?		
] No					
	_	ces you lived in t	he last 3 years. Do n	ot include where you live now	<i>1</i> .	
	Debtor 1 Prior Address:	,	Dates Debtor 1	Debtor 2 Prior Ad	dross	Dates Debtor 2
	Debior i Prior Address.		lived there	Debiol 2 Prior Ad	uress.	lived there
	321 Victoria Drive, Ap		From-To:	☐ Same as Debtor	I	☐ Same as Debtor 1
,	Montgomery, IL 60538	3				From-To:
_						
		•		9 .	ity property state or territory co, Texas, Washington and W	
States	and territories include An	zona, Gamorna,	idano, Lodisiana, No	vada, rvew illexico, r derto re	ico, rexas, washington and w	viscorisiii.)
_	No					
L	Yes. Make sure you fi	Il out Schedule F	H: Your Codebtors (O	fficial Form 106H).		
Part 2	Explain the Source	s of Your Incom	ie			
4 0	id van boro onr income	from omploym	ant as from anosatis	an a huainaga during this ye		nder veere?
F	ill in the total amount of in	ncome you receiv	ed from all jobs and	all businesses, including part-		ndar years?
lf	you are filing a joint case	and you have in	come that you receiv	re together, list it only once ur	nder Debtor 1.	
] No					
	Yes. Fill in the details					
		Debto	r 1		Debtor 2	
			es of income	Gross income	Sources of income	Gross income
		Check	all that apply.	(before deductions and exclusions)	Check all that apply.	(before deductions and exclusions)
Era-	longony 4 of company	or until —		,		and oxolusions
	January 1 of current ye ate you filed for bankru	ntcv. — wa	ges, commissions,	\$8,691.00	☐ Wages, commissions, bonuses, tips	
		bonuse	es, tips		☐ Operating a business	
		⊔ Ор	erating a business		- Operating a publicas	

Official Form 107

Case 17-16711 Doc 1 Filed 05/31/17 Entered 05/31/17 13:06:02 Desc Main Document Page 38 of 54

Debtor 1 Syed Hyder Moosvi Page 38 of 54 Case number (if known)

				Debtor 1			Debtor 2		
				Sources of income Check all that apply.	Gross income (before deductions a exclusions)	and	Sources of inco		Gross income (before deductions and exclusions)
	r last calen anuary 1 to	dar year: December :	31, 2016)	■ Wages, commissions, bonuses, tips	\$28,501	1.97	☐ Wages, commonuses, tips	nissions,	
				☐ Operating a business			☐ Operating a b	ousiness	
		dar year bef December 3		■ Wages, commissions, bonuses, tips	\$31,981	1.00	☐ Wages, commonutes bonuses, tips	nissions,	
				☐ Operating a business			☐ Operating a b	ousiness	
	and other winnings. List each s	public benef If you are fili	it payments; ng a joint cas ne gross inco	ner that income is taxable. Exa pensions; rental income; inter se and you have income that y ome from each source separa	rest; dividends; money you received together,	collecte list it on	ed from lawsuits; r ly once under De	royalties; and btor 1.	
				Debtor 1			Debtor 2		
				Sources of income Describe below.	Gross income from each source (before deductions a exclusions)		Sources of inco Describe below.		Gross income (before deductions and exclusions)
Pa	rt 3: List	Certain Pa	yments You	Made Before You Filed for	Bankruptcy				
6.	Are either	Neither De	btor 1 nor E	's debts primarily consumer Debtor 2 has primarily consu personal, family, or househo	ımer debts. Consume	r debts a	are defined in 11	U.S.C. § 101	(8) as "incurred by an
		During the No.	90 days befo	ore you filed for bankruptcy, di	d you pay any creditor	a total o	of \$6,425* or mor	e?	
		□ Yes	paid that cr	each creditor to whom you pai editor. Do not include paymer payments to an attorney for the	its for domestic suppor				
		* Subject t		t on 4/01/19 and every 3 year		ed on o	r after the date of	adjustment.	
	Yes.			or both have primarily consumer you filed for bankruptcy, di		a total o	of \$600 or more?		
		□ No.	Go to line 7						
		■ Yes	include pay	each creditor to whom you pai ments for domestic support o this bankruptcy case.					
	Creditor'	s Name and	Address	Dates of payme		ınt aid	Amount you still owe	Was this p	ayment for
	Akheem	Azam		March, April, Rent			\$0.00	☐ Mortgag ☐ Car ☐ Credit C ☐ Loan Re ☐ Supplier	ard

Other__

Case 17-16711 Doc 1 Filed 05/31/17 Entered 05/31/17 13:06:02 Desc Main Document Page 39 of 54

Case number (if known) Debtor 1 Syed Hyder Moosvi Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony. No Yes. List all payments to an insider. **Insider's Name and Address** Dates of payment **Total amount** Amount you Reason for this payment still owe paid Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider? Include payments on debts guaranteed or cosigned by an insider. Yes. List all payments to an insider Insider's Name and Address **Total amount** Amount you Reason for this payment Dates of payment still owe Include creditor's name paid Part 4: Identify Legal Actions, Repossessions, and Foreclosures Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes. Nο Yes. Fill in the details. Case title Nature of the case Court or agency Status of the case Case number Unifund CCR Partners v. Syed Collection Pending Moosvi □ On appeal 2008 LM 133 □ Concluded 10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below. No. Go to line 11. Yes. Fill in the information below. **Creditor Name and Address** Value of the **Describe the Property** Date property Explain what happened 11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt? Yes. Fill in the details. **Creditor Name and Address** Describe the action the creditor took Date action was Amount taken 12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?

Nο

☐ Yes

Case 17-16711 Doc 1 Filed 05/31/17 Entered 05/31/17 13:06:02 Desc Main

Document Page 40 of 54 Case number (if known) Debtor 1 Syed Hyder Moosvi Part 5: List Certain Gifts and Contributions 13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person? Nο Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 Describe the gifts Dates you gave Value the gifts per person Person to Whom You Gave the Gift and Address: 14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity? Yes. Fill in the details for each gift or contribution. Gifts or contributions to charities that total Describe what you contributed Dates you Value more than \$600 contributed **Charity's Name** Address (Number, Street, City, State and ZIP Code) Part 6: List Certain Losses Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling? No Yes. Fill in the details. Describe the property you lost and Describe any insurance coverage for the loss Date of your Value of property how the loss occurred loss lost Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. List Certain Payments or Transfers 16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition? Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy. ☐ No Yes. Fill in the details. **Person Who Was Paid** Description and value of any property Date payment Amount of Address transferred or transfer was payment **Email or website address** made Person Who Made the Payment, if Not You Banyon & Scheinbaum, LLC \$650 (Attorney Fee) + \$335 (Filing Fee) \$985.00 3077 West Jefferson Street = \$985Suite 107 Joliet, IL 60435 17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who

promised to help you deal with your creditors or to make payments to your creditors? Do not include any payment or transfer that you listed on line 16.

No

Yes Fill in the details

Person Who Was Paid Description and value of any property Date payment Amount of **Address** transferred or transfer was payment made

Entered 05/31/17 13:06:02 Desc Main Case 17-16711 Doc 1 Filed 05/31/17 Page 41 of 54
Case number (if known) Document

Debtor 1 Syed Hyder Moosvi

18.	Within 2 years before you filed for bankrupto transferred in the ordinary course of your bu Include both outright transfers and transfers mainclude gifts and transfers that you have already No	usiness or financial affa de as security (such as t	iirs? he granting of a s			
	☐ Yes. Fill in the details.					
	Person Who Received Transfer Address	Description and v property transferr		paymer	ne any property or nts received or debts exchange	Date transfer was made
	Person's relationship to you					
19.	Within 10 years before you filed for bankrup beneficiary? (These are often called asset-pro		y property to a s	elf-settled	trust or similar device	of which you are a
	Yes. Fill in the details.					
	Name of trust	Description and v	alue of the prope	erty transf	erred	Date Transfer was made
Par	t 8: List of Certain Financial Accounts, Ins	truments. Safe Deposit	Boxes, and Sto	rage Units		
		•	·	•		
20.	Within 1 year before you filed for bankruptcy sold, moved, or transferred? Include checking, savings, money market, o					
	houses, pension funds, cooperatives, assoc				Shares in Danks, Credit	umons, brokerage
	■ No □ Yes. Fill in the details.					
	Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)	Last 4 digits of account number	Type of accour instrument		Date account was closed, sold, moved, or	Last balance before closing or transfer
					transferred	
21.	Do you now have, or did you have within 1 y cash, or other valuables?	ear before you filed for	bankruptcy, any	/ safe depo	osit box or other depos	itory for securities,
	■ No □ Yes. Fill in the details.					
	Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had acc Address (Number, State and ZIP Code)		Describe th	ne contents	Do you still have it?
22.	Have you stored property in a storage unit o	r place other than your	home within 1 y	ear before	you filed for bankrupto	y?
	■ No					
	Yes. Fill in the details.					
	Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or h to it? Address (Number, St State and ZIP Code)		Describe tl	ne contents	Do you still have it?
Par	t 9: Identify Property You Hold or Control	for Someone Else				
23.	Do you hold or control any property that sor for someone.	neone else owns? Inclu	ude any property	you borro	wed from, are storing f	or, or hold in trust
	■ No □ Yes. Fill in the details.					
	Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the prop (Number, Street, City, S		Describe tl	ne property	Value
Par	rt 10: Give Details About Environmental Info	Code)				
ror	the purpose of Part 10, the following definition	ons appiy:				

Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or Statement of Financial Affairs for Individuals Filing for Bankruptcy Official Form 107

Case 17-16711 Doc 1 Filed 05/31/17 Entered 05/31/17 13:06:02 Desc Main Page 42 of 54
Case number (if known) Document

Debtor 1 **Syed Hyder Moosvi**

> toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.

- Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance,

	hazardous material, pollutant, contaminant, or similar term.					
Rep	ort a	III notices, releases, and proceedings tha	it you know about, regardless of wher	n the	ey occurred.	
24.	Has	any governmental unit notified you that	you may be liable or potentially liable	unc	der or in violation of an environm	ental law?
		No				
		Yes. Fill in the details.				
		me of site dress (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	d	Environmental law, if you know it	Date of notice
25.	Hav	re you notified any governmental unit of	any release of hazardous material?			
	■ No □ Yes. Fill in the details.					
		me of site dress (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	d	Environmental law, if you know it	Date of notice
26.	Hav	re you been a party in any judicial or adm	inistrative proceeding under any envi	ironr	mental law? Include settlements	and orders.
		No Yes. Fill in the details.				
		se Title se Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Na	ture of the case	Status of the case
Pai	rt 11	Give Details About Your Business or 0	Connections to Any Business			
27.	Wit	— hin 4 years before you filed for bankrupte	cv. did vou own a business or have an	ıv of	the following connections to an	v business?
		☐ A sole proprietor or self-employed in		•		,
		☐ A member of a limited liability comp			·	
		☐ A partner in a partnership			,	
		☐ An officer, director, or managing exe	ecutive of a corporation			
		☐ An owner of at least 5% of the voting	•			
		No. None of the above applies. Go to P				
	_	Yes. Check all that apply above and fill				
	- Bu	siness Name	Describe the nature of the business		Employer Identification numbe	r
		dress mber, Street, City, State and ZIP Code)	Name of accountant or bookkeeper		Do not include Social Security	number or ITIN.
					Dates business existed	
28.		hin 2 years before you filed for bankrupto citutions, creditors, or other parties.	cy, did you give a financial statement (to ar	nyone about your business? Incl	ude all financial
		No				
		Yes. Fill in the details below.				
	Ad	me dress mber, Street, City, State and ZIP Code)	Date Issued			

Part 12: Sign Below

Case 17-16711 Doc 1 Filed 05/31/17 Entered 05/31/17 13:06:02 Desc Main Page 43 of 54
Case number (if known) Document

Debtor 1 Syed Hyder Moosvi

are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

/s/ Sy	yed Hyder Moosvi	
•	Hyder Moosvi ture of Debtor 1	Signature of Debtor 2
Date	May 31, 2017	Date
Did yo	u attach additional p	pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)?
No		
□ Yes	3	
Did yo	u pay or agree to pa	y someone who is not an attorney to help you fill out bankruptcy forms?
■ No		
☐ Yes	s. Name of Person	. Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

Case 17-16711 Doc 1 Filed 05/31/17 Entered 05/31/17 13:06:02 Desc Main Document Page 44 of 54

Fill in this inform	nation to identify your c	ase:			
Debtor 1	Syed Hyder Moosy First Name	/i Middle Name	Last Name		
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name		
United States Bar	nkruptcy Court for the:	NORTHERN DIST	RICT OF ILLINOIS		
Case number	, ,				
(if known)					☐ Check if this is an amended filing
Official For	rm 108				
Statemen	t of Intention	n for Indiv	iduals Filing	Under Chapte	er 7
creditors have you have lease You must file this	er is earlier, unless the	r property, or d the lease has no thin 30 days after	ot expired. you file your bankruptcy		et for the meeting of creditors, e creditors and lessors you list
	ople are filing together date the form.	in a joint case, bo	th are equally responsib	le for supplying correct ir	nformation. Both debtors must
	nd accurate as possible ur name and case num		needed, attach a separa	ate sheet to this form. On	the top of any additional pages,
Part 1: List Yo	ur Creditors Who Have	Secured Claims			
1. For any credito	rs that you listed in Pa	t 1 of Schedule D	: Creditors Who Have Cla	aims Secured by Property	y (Official Form 106D), fill in the
information bel	low. ditor and the property th	at is collateral	What do you intend to	do with the property that	t Did you claim the property
			secures a debt?		as exempt on Schedule C?
0 111 1			_		_
Creditor's Sa name:	antander		☐ Surrender the proper ☐ Retain the property	•	□ No
Description of	2012 Honda CRV 78	2000 miles	Retain the property a	and enter into a	■ Yes
property	2012 Holida CKV 76	outo iiiles	Reaffirmation Agree Retain the property a		
securing debt:					<u> </u>
Part 2: List Yo	ur Unexpired Personal	Property Leases			
in the information	below. Do not list real	estate leases. Un	expired leases are leases	ry Contracts and Unexpire s that are still in effect; th ume it. 11 U.S.C. § 365(p)(ed Leases (Official Form 106G), fill ne lease period has not yet ended. (2).
Describe your ur	nexpired personal prop	erty leases			Will the lease be assumed?
Lessor's name:					□ No
Description of leas	sed				
Property:					☐ Yes
Lessor's name:					□ No
Description of lease Property:	sed				☐ Yes
Logopha name:					
Lessor's name:					□ No

Statement of Intention for Individuals Filing Under Chapter 7

Official Form 108

page 1

Case 17-16711 Doc 1 Filed 05/31/17 Entered 05/31/17 13:06:02 Desc Main Document Page 45 of 54

	Del	otor 1	Syed Hyder Moosvi	Case number (if known)	
Property:					
Description of leased Property:			of leased		☐ Yes
Property:					□ No
Description of leased Property:			or leased		☐ Yes
Property:					□ No
Description of leased Property: Lessor's name: Description of leased Property: Part 3: Sign Below Under penalty of perjury, I declare that I have indicated my intention about any property of my estate that secures a debt and any personal property that is subject to an unexpired lease. X /s/ Syed Hyder Moosvi Signature of Debtor 1			or leased		☐ Yes
Lessor's name: Description of leased Property: No Yes No Yes Yes					□ No
Description of leased Property: Part 3: Sign Below Under penalty of perjury, I declare that I have indicated my intention about any property of my estate that secures a debt and any personal property that is subject to an unexpired lease. X /s/ Syed Hyder Moosvi Syed Hyder Moosvi Signature of Debtor 1			of leased		☐ Yes
Property: Yes					□ No
Under penalty of perjury, I declare that I have indicated my intention about any property of my estate that secures a debt and any personal property that is subject to an unexpired lease. X /s/ Syed Hyder Moosvi Signature of Debtor 1 X /signature of Debtor 2			of leased		☐ Yes
X /s/ Syed Hyder Moosvi Syed Hyder Moosvi Signature of Debtor 1 X Signature of Debtor 1	Pai	t 3:	Sign Below		
Syed Hyder Moosvi Signature of Debtor 2 Signature of Debtor 1				dicated my intention about any property of my estate that se	cures a debt and any personal
Signature of Debtor 1	Χ	/s/ Sy	ved Hyder Moosvi	X	
				Signature of Debtor 2	
Date May 31, 2017 Date		Signat	ture of Debtor 1		
		Date	May 31, 2017	Date	

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter	7 :	Liquidation
Ç	\$245	filing fee
	\$75	administrative fee
+	\$15	trustee surcharge
g	335	total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes:

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

+ \$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$75	administrative fee
	\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$75	administrative fee
	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/Bankruptcy/BankruptcyResources/ApprovedCredit
AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Case 17-16711 Doc 1 Filed 05/31/17 Entered 05/31/17 13:06:02 Desc Main Document Page 50 of 54

B2030 (Form 2030) (12/15)

United States Bankruptcy Court Northern District of Illinois

In re	Syed Hyder Moosvi	V-102	Case No.	
		Debtor(s)	Chapter	7
	DISCLOSURE OF COMPEN			• •
С	Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(compensation paid to me within one year before the filingor rendered on behalf of the debtor(s) in contemplation of	g of the petition in bankruptcy, o	or agreed to be paid	to me, for services rendered or to
	For legal services, I have agreed to accept			650.00
	Prior to the filing of this statement I have received		\$	650.00
	Balance Due		\$	0.00
2. 1	The source of the compensation paid to me was:			
	■ Debtor □ Other (specify):			
3. 1	The source of compensation to be paid to me is:			
	■ Debtor □ Other (specify):			
4. I	■ I have not agreed to share the above-disclosed compo	ensation with any other person ur	nless they are mem	bers and associates of my law firm.
I	☐ I have agreed to share the above-disclosed compensa copy of the agreement, together with a list of the nan			
5. 1	In return for the above-disclosed fee, I have agreed to re-	nder legal service for all aspects	of the bankruptcy c	ease, including:
b c	a. Analysis of the debtor's financial situation, and render to Preparation and filing of any petition, schedules, state Representation of the debtor at the meeting of creditor d. [Other provisions as needed] Negotiations with secured creditors to reaffirmation agreements and application 522(f)(2)(A) for avoidance of liens on hou	ement of affairs and plan which nors and confirmation hearing, and educe to market value; exenons as needed; preparation a	nay be required; I any adjourned hear mption planning;	rings thereof;
6. E	By agreement with the debtor(s), the above-disclosed fee Representation of the debtors in any adv		service:	
		CERTIFICATION		
	certify that the foregoing is a complete statement of any ankruptcy proceeding.	y agreement or arrangement for p	ayment to me for re	epresentation of the debtor(s) in
	lay 31, 2017	/s/ Christina Banyo	on	
Do	ate	Christina Banyon Signature of Attorney		
		Banyon & Scheinb	aum, LLC	
		3077 West Jefferso	on Street	
		Suite 107 Joliet, IL 60435		

cbanyon.law@gmail.com

Name of law firm

United States Bankruptcy CourtNorthern District of Illinois

In re	Syed Hyder Moosvi		Case No.	
		Debtor(s)	Chapter 7	
	VE	ERIFICATION OF CREDITOR M	IATRIX	
		Number of	Creditors:	26
	The above-named Debtor(s) (our) knowledge.) hereby verifies that the list of credi	tors is true and correct to	the best of my
Date:	May 31, 2017	/s/ Syed Hyder Moosvi Syed Hyder Moosvi Signature of Debtor		

Afni, Inc. Po Box 3097 Bloomington, IL 61702

Armor Systems Co 1700 Kiefer Dr Ste 1 Zion, IL 60099

Atg Credit 1700 W Cortland St Ste 2 Chicago, IL 60622

Blatt, Hassenmiller, Leibsker & M. 211 Landmark Drive Suite C-1 Normal, IL 61761

Cbna Po Box 6283 Sioux Falls, SD 57117

Com Ed PO Box 6111 Carol Stream, IL 60197

Creditors Collections Bureau PO Box 63 Kankakee, IL 60901

Elmbhurst Memorial Healthcare 27535 Network Place Chicago, IL 60673

Empact Emergency
Dept 20-7009 Box 5997
Carol Stream, IL 60197

HRRG PO Box 5406 Cincinnati, OH 45273

I C System Inc Po Box 64378 Saint Paul, MN 55164 Inpatient Consultants PO Box 844918 Los Angeles, CA 90084

Institute for Personal Development 1401 Lakewood Drive Suite A Morris, IL 60450

Kohls/capone N56 W 17000 Ridgewood Dr Menomonee Falls, WI 53051

Laboratory Physicians PO Boc 775178 Chicago, IL 60677

Med Busi Bur 1460 Renaissance Dr Park Ridge, IL 60068

MiraMed Revenue Group Dept. 77304 Detroit, MI 48277

Montgomergry Fire Protection PO Box 457 Wheeling, IL 60090

Northwestern Medicine PO Box 4090 Carol Stream, IL 60197

Presence Saint Joseph Medical Cente 32817 Collection Center Drive Chicago, IL 60693

Presence Saint Joseph Medical Cente 62314 Collection Center Drive Chicago, IL 60693

Ridge Ambulance 1851 Aucutt Road Montgomery, IL 60538

Case 17-16711 Doc 1 Filed 05/31/17 Entered 05/31/17 13:06:02 Desc Main Document Page 54 of 54

Rush Copley Medical Center PO Box 2222 Aurora, IL 60504

Rush Copley Medical Center PO Box 2091 Aurora, IL 60507

Santander PO Box 961288 Fort Worth, TX 76161

Tri City Radiology 9410 Compubill Drive Lawson, MO 64062